Page	<u> 15</u>

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full		·							
Committee to Elect Donald Schonha	erdt								
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Heritage Golf Club - Dan O'Brien		Ť	1 -						
Street Address	Description of Item	Description of Item or Service		D	Y1	Fair Market Value			
3525 Heritage Club Dr.		Food & Beverage		2 6			638.00		
	State	Zip Code	0 2 2 6 1 4 638.00 Received at Fundrasing Event?				323,00		
City LU: Uicard	OIH	'		YES					
Hilliard Full Name of Contributor		ation, Labor Organization *		ion Numbe	r ifPAC				
Pun Name of Contiouror	Employer, excup	and raise of building			.,				
C	Description of Her	nor Service	Mi	D	Υį	Fair Market Value			
Street Address	- Contraction (ici	Description of Item or Service			1				
	State	Zip Code	Racakad	lat Fundra	ising Frans	1			
City	State	Δρττα:	l	YES	SAIR CACII	.: □ No			
		alian Labar Organization *			r if DAC				
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Numbe	i, II PAÇ				
				I D'	٠٠٠	Fair Market Value			
Street Address	Description of Iter	n or Service	М	D'	YI	rativiarkei value			
					<u> </u>	1			
City	State	7ip Code	_ I	lat Fundra	ising Even				
				YES		☐ NO	-		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Numbe	er,ifPAC				
				1	1	12			
Street Address	Description of Ite	m or Service	M'	D	Y	Fair Market Value	:		
1						1			
City	State	ZipCode	l l	lat Fundra	ising Even				
	i			YES		□ N0			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization			er,ifPAC				
			-						
Street Address	Description of Ite	Description of Item or Service		D;	Y	Fair Market Value	:		
				1					
City	State	Zip Code	Received	lat Fundra	ising Even				
		1		☐ YES ☐ NO					
Full Name of Contributor	Employer Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
H IN THE OF COMMENSOR		,							
Street Advance	Description of Ite	m or Service	— I MI	D!	Y	Fair Market Value			
Street Address	Description of the	positivitor contex per sac							
<u> </u>	State	Zap Code	Receive	dat Fundra	nising Ever	nt?			
City)	z-p-cox		YES		 No			
	Emely or O	ation, Labor Organization *		tion Numb	er if PAC				
Full Name of Contributor	Employer, Occup	SHOP, LEUOT OF ESTIMATION	Vesigna	1831 I 4193D	CI,EIAC				
	Physical Parks and Physical Ph	on Comion	M.	DI	ΤŸί	Fair Market Value			
Street Address	Description of Ite	Description of Item or Service		"	'	au tyanker value	•		
				1-10-11	1	<u> </u>			
City	State	State Zip Code		Received at Fundraising Event?					
				☐ YES ☐ NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
						127777			
Street Address	Description of Ite	M!	D!	Y	Fair Market Value	e			
				<u> </u>					
City	State	Zip Code	I	dat Fundra	aising Even				
				YES		□ NO			

Page Total \$	638.00
-	

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]